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SECR STATEMENT OF 15 SEP -8 PM 4:21 **FEC ORGANIZATION** FORM 1 Office Use Only Example:If typing, type (Check if name NAME OF 12FE4M5 over the lines. is changed) COMMITTEE (in full) hriş Vance for US Senate Box ADDRESS (number and street) (Check if address 980 is changed) burn ZIP CODE STATE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) info@chrisvanceforsenate.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) chrisvanceforsenate.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** AMENDED (A) OR IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Tom Perry Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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(Revised 02/2009)